



National Museum of the United States Air Force

SCHOOL REGISTRATION FORM

INSTRUCTIONS

Written requests are required for all groups planning to visit the National Museum of the United States Air Force or requesting a visit to their school. Your request will be processed in the order it was received, and you will then receive written confirmation and additional information within two weeks of request. Confirmations will be sent by e-mail whenever possible. Please see the Education web site for a description of our programs (<http://www.wpafb.af.mil/museum/edu>) before completing this form.

All groups must contact the Education Division prior to visits. Three weeks advance notice is required for programs.

Forms must be clearly written and all appropriate areas completed.

Illegible and incomplete forms will not be processed. Lead teacher's signature is required.

Fax this form (937-656-6360) or mail to: NMUSAF/MUT
1100 Spaatz Street
Wright-Patterson AFB OH 45433-7102

Dates to submit forms:

For visits between September 30 – January 31: submit form no earlier than the day after Labor Day.

For visits between February 1 – June 15: submit form no earlier than the day after New Years Day.

For visits between June 15 – September 30: submit form no earlier than the third Monday of April.

SECTION I: SCHOOL INFORMATION

School name:

Lead teacher: Ms. ☐ Mr. ☐

Other teachers:

Street address:

City:

State:

Zip:

Phone:

Fax:

Cell phone:

E-mail address (for confirmation):

Number of student participants:

Number of adults:

Grade level(s):

Additional information about the group:

Do any of the students have special needs requiring any accommodations? No ☐ Yes ☐

If yes, explain:

SECTION II: VISITS TO THE MUSEUM

Are you requesting any educational programs? Yes ☐ No: ☐ If **yes**, complete this section and then skip to Section IV. If **no**, skip to Section III.

Check which program(s) you are requesting **AT THE MUSEUM** - You may list a first, second and third choice. (If you are requesting an outreach program, skip to Section VI):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Storytime | <input type="checkbox"/> Uncle Wiggly Wings | <input type="checkbox"/> Fun with Flight | <input type="checkbox"/> History Mystery |
| <input type="checkbox"/> Guided Tour | <input type="checkbox"/> First Century | <input type="checkbox"/> Physics of Flight | <input type="checkbox"/> Holocaust |
| <input type="checkbox"/> Scavenger Hunt * (see below) | <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Ohio's Aviation Heritage | <input type="checkbox"/> World War I |
| <input type="checkbox"/> Into the Air | <input type="checkbox"/> Kites | <input type="checkbox"/> Toys in Space | <input type="checkbox"/> Wright Brothers |
| <input type="checkbox"/> Rescue Mission | <input type="checkbox"/> Kite Math | <input type="checkbox"/> Rocketry | |

* If you requested a scavenger hunt, choose a theme:

- | | | | |
|---------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> First Century | <input type="checkbox"/> World War I | <input type="checkbox"/> Space |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Ohio's Contributions | <input type="checkbox"/> World War II | <input type="checkbox"/> JROTC/CAP |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Fighter Pilot | <input type="checkbox"/> World War II in Europe | |

Requested date for Museum visit: First choice: Second choice: Third choice:

Time for program to begin: First choice: Second choice: Third choice:

SECTION III: ON OWN VISITS TO THE MUSEUM

Date of Museum visit:

Arrival time:

Departure time:

SECTION IV: LUNCH PLANS

The group will be eating lunch at the Museum: No ☐ Yes ☐ If yes, please choose one:

- ☐ The group will be bringing their own lunches and eating in the outside picnic area (no indoor picnic facilities).
☐ The group will be eating in the café and will call to order box lunches (call 937-255-2735, ext. 451 to order).
☐ The group will be eating in the café and will purchase food a la carte.

SECTION V: RULES AND REGULATIONS

IN ALL CASES, TEACHERS AND CHAPERONES ARE HELD RESPONSIBLE FOR THE CONDUCT OF THEIR GROUPS. THE LEAD TEACHER MUST READ THE FOLLOWING AND INITIAL EACH GUIDELINE. GROUPS NOT FOLLOWING THESE GUIDELINES MAY BE ASKED TO LEAVE THE MUSEUM. UNSIGNED DOCUMENTS WILL NOT BE PROCESSED.

_____ Students under age 18 must be accompanied and supervised by an adult at all times.

_____ One adult for every ten school aged visitors is required. Please have young people divided into these groups prior to your arrival.

_____ No touching, climbing on, or entering aircraft or other exhibits is permitted, unless otherwise stated.

_____ For safety reasons, no running is permitted.

_____ No loud, abusive or disruptive behavior is permitted.

_____ Do not go beyond roped-off areas. This applies to both inside and outside the Museum, in the Presidential Hangar, the 8th Air Force Control Tower and the Nissen Hut.

_____ Food and drink purchased in the café must be consumed in the café. No other food is permitted inside the Museum.

_____ Picnic shelters are available outside on a first come, first served basis.

_____ Purchases made in the gift shop should remain in the gift shop bag. Please keep receipts with these items.

_____ Smoking is not permitted in the Museum. Young people caught smoking will be reported to their teacher/chaperone.

I have read, agree to distribute and will abide by all group instructions as listed above:

Signature of lead teacher:

Date:

SECTION VI: OUTREACH PROGRAMS TO YOUR SCHOOL

Check which program(s) you are requesting **AS AN OUTREACH TO YOUR SCHOOL** - You may list a first, second and third choice:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Into the Air | <input type="checkbox"/> First Century | <input type="checkbox"/> Kites | <input type="checkbox"/> Toys in Space | <input type="checkbox"/> Physics of Flight |
| <input type="checkbox"/> Rescue Mission | <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Kite Math | <input type="checkbox"/> Wright Brothers | <input type="checkbox"/> World War I |
| <input type="checkbox"/> Uncle Wiggly Wings | <input type="checkbox"/> Fun with Flight | <input type="checkbox"/> Ohio's Contributions | <input type="checkbox"/> Rocketry | <input type="checkbox"/> History Mystery |

Requested date for outreach to your school: First choice: Second choice: Third choice:

Time for program at your school to begin: First choice: Second choice: Third choice:

I agree to provide all necessary accommodations and equipment as required (to include, but not limited to: A/V equipment, parking arrangements, tables, chairs, adult assistants and adequate room size). Failure to do so may result in cancellation of the program.

Signature of lead teacher: _____ Date: _____

SECTION VII: COMMENTS or QUESTIONS